

GUARDIANSHIP and/or CONSERVATORSHIP

1

To Release Restricted Funds (Forms Packet)

©Superior Court of Arizona in Maricopa County

April 23, 2001

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PBGCR1fc - 5266



SELF SERVICE CENTER

PETITION FOR RELEASE OF RESTRICTED FUNDS -- MINOR or ADULT (FORMS ONLY)

How to assemble these documents

This packet contains court forms on how to get a court order to use restricted funds for a minor or adult. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGCR1ft	Table of forms in this packet	1
2	PBGCR1k	Checklist for <i>"Petition for Release of Funds"</i>	1
3	PBGCR11f	<i>"Petition for Release of Funds"</i>	2
4	PBGCR12f	<i>"Request for Hearing Form"</i>	1
5	PBGC18f	<i>"Notice of Hearing"</i>	1
6	PB24f	<i>"Publication Affidavit"</i>	2
7	PBGC19f	<i>"Waiver of Notice of Hearing"</i>	1
8	PBGC29f	<i>"Proof of Notice of Hearing"</i>	2
9	PBGCR81f	<i>"Order Releasing Restricted Funds"</i>	2
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SELF SERVICE CENTER

RELEASE OF RESTRICTED FUNDS

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed the guardian and/or conservator for a minor or adult, AND,
- ✓ The protected minor or adult's funds are in a restricted account in the bank, AND,
- ✓ You want permission from the court to use the money for something very important.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Representing ☐ Self or ☐ Attorney for _____
Attorney State Bar Number: _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

PB Number: _____

**PETITION FOR RELEASE OF
FUNDS FROM RESTRICTED
ACCOUNT**

_____ ☐ a minor or ☐ an adult

1. **APPOINTMENT:** The following person was appointed (name) _____
and accepted appointment as (check one box):

- ☐ Guardian and conservator on (date) _____;
☐ Guardian (date) _____;
☐ Conservator (date) _____.

2. **BIRTH DATE.** The ☐ minor or ☐ adult was born on (date) _____

3. **RESTRICTED FUNDS:** The minor/adult has exactly \$ _____ in a restricted account,
(account number) # _____ deposited with (name of bank or financial institution)

4. **NO PREVIOUS WITHDRAWALS.**

☐ No previous withdrawals have been made from the account without a written order of this Court.
(If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

5. **REASON THE FUNDS ARE NEEDED.**

☐ The minor/adult needs funds from the restricted account for the following reasons and in the following amounts:

REASON/PURPOSE	AMOUNT
a. _____	_____
b. _____	_____
c. _____	_____

6. NO OTHER SOURCE OF FUNDS.

- ☐ There is no other source of funds to pay for these needs, and no parent or other person is under a legal obligation to satisfy this need. (If this statement is true, check the box. If the statement is not true, see a lawyer for help.)

REQUEST TO THE COURT

PETITIONER ASKS THAT THE COURT DO THE FOLLOWING THINGS AFTER NOTICE AND HEARING:

1. Direct the release of restricted funds in the amounts and for the purposes requested in this Petition;
2. Require proof to be filed with this Court within a reasonable period of time that the released funds have been used for the purposes described in this Petition;
3. Make any other orders the Court decides are in the best interests of the minor/adult.

OATH AND VERIFICATION OF PETITIONER

STATE OF ARIZONA)
County of Maricopa) ss.

I, the Petitioner, being duly sworn and under oath, state that I have read this petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNED: _____

Subscribed and sworn to before me this _____ day of _____, _____ by the Petitioner,
_____.

NOTARY PUBLIC: _____

My Commission Expires: _____

Petitioner's Name: _____
Address: _____
City, State, ZIP Code: _____
Telephone No: _____

Case No. PB _____

REQUEST FOR HEARING DATE AND INSTRUCTIONS FOR PETITION FOR RELEASE OF FUNDS FROM RESTRICTED ACCOUNT

1. **Court Location:** Remember at which court location you will file the papers, because that is where the hearing will be held:

PHOENIX

Probate Court Administration
125 W. Washington. 1st Floor
Phoenix, AZ 85003-2205

MESA

Court Administration
222 E. Javelina Drive
2nd Floor, Suite 2100
Mesa, AZ 85210-6201

SURPRISE

Court Administration
Northwest Regional Court Facility
14264 West Tierra Buena Lane
Surprise, AZ 85374

2. **Court Documents:** After you file the petition with the Clerk's Office, take the following documents to Probate Court Administration at the address listed in Number 1 above:

- a. Two court-stamped copies of the Petition for Release of Funds from Restricted Account, AND
- b. Two completed copies of this Request Form.

3. **Scheduling your hearing:** Court administration will set a hearing date and time and check the box before the name of the judicial officer who will hear this matter from the list below.

HEARING DATE AND TIME: _____, at _____ am. / pm.

HEARING ADDRESS:

☐ Judge Barbara Mundell
Old Courthouse
125 West Washington
Phoenix, AZ 85003-2205

☐ Commissioner Nancy K. Lewis
Old Courthouse
125 West Washington
Phoenix, AZ 85003-2205

☐ Commissioner Jane Bayham-Lesselyong
Old Courthouse
125 West Washington
Phoenix, AZ 85003-2205

☐ Commissioner Edward W. Bassett
Old Courthouse
125 West Washington
Phoenix, AZ 85003-2205

4. **Completing your Notice of Hearing Form:** After Court Administration returns this form to you, you can complete your Notice of Hearing form by adding the date and time of the hearing, and the name of the judicial officer scheduled to hear your matter to the Notice of Hearing form. Then you are ready to serve or give notice of the Petition and all the required papers to all the required persons.

Name of Person Filing Document: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

☐ an Adult ☐ a Minor _____

Case Number: PB _____

NOTICE OF HEARING REGARDING

(Check one box)

- ☐ Guardianship
☐ Conservatorship
☐ Guardianship and Conservatorship
☐ Accounting

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.

- 1. NOTICE IS GIVEN** that the Petitioner has filed with the Court the following Petition and other court papers (List the title of the Petition and the titles of all papers you filed with the court):

1. _____
2. _____
3. _____
4. _____
5. _____

- 2. COURT HEARING.** A court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE AND TIME: _____

PLACE: _____

JUDICIAL OFFICER: _____

- 3. RESPONSE TO PETITION.** You can file a written Response to the Petition. If you file a written Response, file the original with the court, provide a copy to the office of the judicial officer named above, and mail a copy to all interested parties at least five (5) business days before the hearing. Or, you can appear in person at the hearing. You must appear at the hearing **only** if you wish to object to the Petition.

DATED: _____
(Month/Day/Year)

Petitioner's Signature

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Regarding the Matter of _____

Case Number: PB _____

(Name)

**AFFIDAVIT SHOWING CIRCUMSTANCES
WHY NOTICE BY PUBLICATION WAS USED
AND ABOUT THE PUBLICATION**

1. I am the Petitioner or Applicant and make this Affidavit to show the circumstances why notice by publication was used, and to show how service by publication was done.
2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:
Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship of Person to this Case: _____
Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship of Person to this Case: _____
Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship of Person to this Case: _____
Name: _____
Last Known Address: _____
Last Date I Tried to Find Person: _____
Relationship of Person to this Case: _____

2. I made a diligent search to find out the residence and whereabouts of the people entitled to notice, but the search has failed to reveal any information concerning their residence or whereabouts.
3. I contacted the persons listed below to find out the location of the following people entitled to notice:

Name of Person I am Looking for: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

Name of Person I am Looking for: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

Name of Person I am Looking for: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

Name of Person I am Looking for: _____
Name of Person I Contacted: _____
Address of Person I Contacted: _____

4. ☐ NOTICE OF HEARING or ☐ NOTICE TO CREDITORS was published in a newspaper in this County on the following dates.
- A. ____ / ____ / ____, B. ____ / ____ / ____, C. ____ / ____ / ____.
5. I have read this statement and know of my own knowledge that the facts stated herein are true and correct.

Petitioner's Signature

SUBSCRIBED AND SWORN to before me this date: _____, by _____
(Month/Day/Year)

Notary Public/Deputy Clerk

My Commission expires:

Your Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

☐ an Adult or ☐ a Minor

STATE OF ARIZONA)
County of Maricopa) ss.

Case Number: PB _____

WAIVER OF NOTICE OF HEARING ON PETITION REGARDING

(Check one box)

- ☐ Guardianship and Conservatorship
☐ Guardianship
☐ Conservatorship
☐ Accounting

I state under oath the following:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)

<input type="checkbox"/> <i>"Petition for Permanent Appointment of Guardianship, Conservator or Both"</i>	<input type="checkbox"/> <i>"Affidavit of Person to be Appointed"</i>
<input type="checkbox"/> <i>"Petition for Guardianship/Conservatorship"</i>	
<input type="checkbox"/> <i>"Consent of Parent to Guardianship, Conservatorship, or Both"</i>	<input type="checkbox"/> <i>"Petition for Approval of Accounting"</i>
2. **RELATIONSHIP:** My relationship to the person who is named in the caption above as incapacitated or protected is (explain): _____
3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

Signature

SUBSCRIBED AND SWORN to before me this date: _____ by _____
(Month/Day/Year)

My Commission Expires: _____

Deputy Clerk/Notary Public

Your Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

_____ ☐ an Adult or ☐ a Minor

STATE OF ARIZONA)
County of Maricopa) ss.

Case Number: PB _____
PROOF OF NOTICE OF HEARING FOR
(Check one box)
☐ Guardianship and Conservatorship
☐ Guardianship
☐ Conservatorship
☐ Accounting

I state under oath the following:

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents. List specifically each court document you provided. Be sure you provided and you list the **"NOTICE OF HEARING."**

1. _____
2. _____
3. _____
4. _____
5. _____

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents listed in Number 1 above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to. Be sure to list the ATTORNEY for the person who has or will have the guardian or conservator if the person is an adult. Be sure to list the COURT INVESTIGATOR if this is about a **"Petition to Appoint a Guardian and/or Conservator for an Adult."** (Use extra paper if necessary.)

- A. Name: _____
B. Relationship to person: _____
C. Date I gave the documents: _____
D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)
☐ 1st class mail, postage prepaid
☐ Certified mail
☐ Registered mail (attach green card to this paper)
☐ Hand delivery by (name) _____

- A. Name: _____
B. Relationship to person: _____
C. Date I gave the documents: _____
D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)
☐ 1st class mail, postage prepaid

- ☐ Certified mail
☐ Registered mail (attach green card to this paper)
☐ Hand delivery by (name) _____

- A. Name: _____
B. Relationship to person: _____
C. Date I gave the documents: _____
D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)
☐ 1st class mail, postage prepaid
☐ Certified mail
☐ Registered mail (attach green card to this paper)
☐ Hand delivery by (name) _____

- A. Name: _____
B. Relationship to person: _____
C. Date I gave the documents: _____
D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)
☐ 1st class mail, postage prepaid
☐ Certified mail
☐ Registered mail (Attach green card to this paper)
☐ Hand delivery by (name) _____

Petitioner's Signature: _____

SUBSCRIBED AND SWORN to before me this date: _____ by _____
(Month/Day/Year)

My Commission Expires: _____ Notary Public: _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney State Bar Number: _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of (check one or both)
☐ Guardianship or ☐ Conservatorship of

PB Number: _____

**ORDER RELEASING FUNDS FROM A
RESTRICTED ACCOUNT AND
REQUIRING PROOF OF USE OF
FUNDS**

_____ ☐ a Minor or ☐ an Adult

This is an important court order that could affect your legal rights. Read it carefully. If you do not understand it, see a lawyer for help.

THE COURT FINDS:

1. **PETITION FILED.** A Petition for Release Funds from a Restricted Account was filed by the Guardian and/or Conservator.
2. **NOTICE OF PETITION.** Notice of the Petition was: ☐ given as required by law AND/OR ☐ waived by the following interested persons _____, AND/OR ☐ other: _____

3. The Petition for Release of Funds from the Restricted Account has been reviewed by the Court, and the Court finds that the protected person is in need of funds for the reasons set forth in the Petition and that no parent or person is obligated to satisfy this need and that funds are not available from any other source for these purposes.

THE COURT ORDERS:

1. ☐ Directing (name of the depository/bank/financial institution) _____ to issue a check payable to the Guardian and/or Conservator from account # _____ in the amount of \$ _____.
2. ☐ Directing the Guardian and/or Conservator to use the money for the following purposes, and to file receipts as proof that the funds have been used for the purposes within _____ days of this order.

PURPOSE

AMOUNT

\$ _____

\$ _____

\$ _____

3. ☐ Ordering that this case shall be reviewed by court staff by (date) _____, to determine compliance of Guardian and/or Conservator with this order.

Done in open court: _____

JUDICIAL OFFICER OF THE SUPERIOR COURT

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney State Bar Number: _____
Representing ☐ Self or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

PB Number: _____

**PROOF OF USE OF FUNDS RELEASED
FROM RESTRICTED ACCOUNT
AND PROOF OF MAILING**

_____ ☐ a Minor or ☐ an Adult

1. **RELEASE OF FUNDS:** The Court ordered the release of funds from a restricted account on (date) _____ in the total amount of \$_____.
2. **USE OF FUNDS.** I spent the released money as follows: **(The originals of the receipts are attached to this court document.)** (Attach another sheet of paper if necessary.)

DESCRIPTION OF USE OF FUNDS

AMOUNT

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

3. **NOTICE TO INTERESTED PERSONS.** I gave notice of my actions by mailing or hand-delivering copies of this document and the receipts to the following person(s):

NAME	ADDRESS	RELATIONSHIP TO MINOR/ADULT
-------------	----------------	------------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____

Signed: _____